





Drop this completed form in the  
"Tell us Your Story" drop box  
located in the family lounge



**Tell us about your  
experience at Children's**

**The following information will help us  
follow up with you if you would like  
to be contacted as a result of your  
experience.**

Patient Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Would you like a Children's staff  
member to contact you?

Yes       No

*If you are under 18 years of age a Children's  
staff member will also need to follow up with  
your parent(s)/guardian(s)*

**Access this form online at:**

[www.childrensmn.org/Communities/  
FamiliesAndPatients.asp](http://www.childrensmn.org/Communities/FamiliesAndPatients.asp)

**If mailing, send form to:**



Children's Hospitals and Clinics of Minnesota  
Family Relations Liaison  
2525 Chicago Avenue South, MS 17-515  
Minneapolis, MN 55404



**Children's**<sup>®</sup>  
Hospitals and Clinics  
of Minnesota

Delivering Next Generation Care

# Partners in patient safety



Children's of Minnesota is proud to be recognized as a national leader in patient safety. We view patient safety as an ongoing focus that is never finished. We'd like you to be a part of that process. **Nobody knows Children's better than our patients and families.** As partners in creating and sustaining a safe environment at Children's, we encourage you to share with us your personal story about a recent experience at Children's. Sharing your story will help us better understand and learn from what is helpful, and where we can improve.

***If you have a safety concern that requires immediate assistance contact your nurse or doctor right away.***

If you need additional assistance or want to talk to someone directly about your experience, please call the Family Relations Liaison at Children's - Minneapolis (612) 813-7393, or Children's - St. Paul (651) 220-6888.

## Tell us your story

Today's date: \_\_\_\_\_

Where did it take place? \_\_\_\_\_

\_\_\_\_\_

When did it take place? \_\_\_\_\_

\_\_\_\_\_

What happened? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would you like Children's to do as a result? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



*Continued backside*